

Over the past thirty years, medical research has produced hundreds of pharmaceuticals that can improve and prolong the health and lives of patients. In some cases, drug treatment has completely replaced surgical procedures. Clearly, Medicare should cover these important drugs and enable all seniors to access them. Too many seniors are forced to choose between their medication and other necessities because drugs are too expensive, and Medicare does not pay for them.

During the 111th Congress, Rep. Slaughter co-sponsored 340B Program Improvement and Integrity Act of 2009 which amends the Public Health Service Act to expand the drug discount program to allow participation as a covered entity by certain: (1) children's hospitals; (2) critical access hospitals; (3) entities providing maternal and child health services, community mental health services, or treatment services for substance abuse; (4) Medicare-dependent, small rural hospitals; (5) sole community hospitals; and (6) rural referral centers.

In 2003, the Republican Leadership of the House of Representatives forced the passage of a Medicare reform package to provide prescription drug coverage. Rep. Slaughter opposed this bill because she believed it would benefit drug companies while failing to promote any meaningful relief for our seniors struggling with skyrocketing prescription costs. Unfortunately, the failure of Centers for Medicare and Medicaid Services (CMS) to ensure a smooth transition to new Medicare Prescription Drug plan has made a bad program worse and has yielded disastrous consequences for seniors and persons with disabilities. Too many people have been given confusing information about the level of coverage provided by the plan. Community pharmacists, nursing homes, and families throughout Western New York are now being forced to cover drug costs that Medicare is supposed to cover but has not due to administrative failures. And in some instances, beneficiaries have had to leave the pharmacy without their prescription.

Since the law was enacted, Rep. Slaughter has been working to reverse some of the most grievous provisions. In February 2005, she joined with like-minded colleagues in writing to Mark McClellan, Administrator at CMS, and Michael Leavitt, Secretary of HHS, to allow the federal government to negotiate prescription drug prices on behalf of Medicare beneficiaries. When this effort was ignored, she cosponsored H.R. 752, a bill that would allow Medicare beneficiaries to receive drugs through a Medicare-administered benefit rather than a private entity and allow Medicare to negotiate directly with drug companies to lower prices.

In October 2005, anticipating that people both eligible for Medicaid and Medicare might need more time to enroll in the new drug plan, Rep. Slaughter called on Governor Pataki and CMS Administrator McClellan to extend implementation of the drug plan for this dual-eligible population. She also cosponsored H.R. 3861, the Medicare Informed Choice Act which would allow for continuous open enrollment in 2006, rather than the current cut-off date of May 15th, without penalty for Medicare beneficiaries.

Rep. Slaughter was proud to cosponsor H.R. 4, the Medicare Prescription Drug Price Negotiation Act of 2007. H.R. 4 requires the Secretary of Health and Human Services to conduct cost-saving negotiations for Medicare Part D beneficiaries. Rep. Slaughter is pleased to report that it passed the House of Representatives on January 12th by a vote of 255 to 170. Please be assured that she will continue to fight for the rights of seniors and persons with disabilities to obtain their prescription drugs - without additional costs, complications, and delays.

Rep. Slaughter has a history of activism on the issue of seniors and prescription drug costs. Her commitment to ensuring that all seniors receive the prescription drugs they need, when they need them, has only grown stronger in the wake of the disastrous Medicare Part D program. Seniors have worked hard and paid into a system that was supposed to provide security in retirement, and that system ought to provide reliable, dependable service. Rep. Slaughter is proud to have co-sponsored the Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010) which finally closed the Medicare "donut hole".